CALIFORNIA STREAM BIOASSESSMENT PROCEDURE
CHAIN OF CUSTODY (COC) RECORD

Project Name: _____   **Date/ Time:** _____

Watershed Name:_____   **Bioassessment Lab:** _____

Sample Number	Lab Number	Sample Date	Sample Description
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Sampled by: Relinquished by: Received by: Received by: Received by:

(sign and date) (sign and date)   (sign and date)   (sign and date)   (sign and date)

Address of Project Advisor: **Address of Sampler:**

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